How-to Guide

Inclusive Education for Children with Disabilities

by CRS/Vietnam
How-to Guide Series

Inclusive Education for Children with Disabilities

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Written by CRS/Vietnam Education Team
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Dear friends and colleagues,

We are pleased to present the first edition in our CRS education ‘How-to’ series: Inclusive Education for Children with Disabilities, which was produced by CRS/Vietnam.

The ‘How-to’ guide series was created as an opportunity for CRS country programs and their local implementing partners to highlight and share an aspect of their work that has been particularly successful. Instead of presenting a detailed description of their program history and accomplishments, however, the focus of the guides is on the practical steps that CRS country programs and partner organizations can take to adopt similar activities.

The recommendations will need to be interpreted for each particular context, but the topics addressed in each guide are ones that would strengthen and improve any existing program: how to reduce the number of school drop outs; how to increase child participation in programming; how to use adult literacy to improve rural development.

This guide from CRS/Vietnam addresses Inclusive Education. Children with disabilities are one of the most marginalized groups in terms of access to education today. As such, our CRS mission and the principle of Education for All call on all of us to expand our programming in support of quality education for children with disabilities.

This guide presents many useful suggestions for ways to do to this. Some are simple and others require more concerted effort. As this guide shows, whatever we do to make education better for disabled children will also make education better for all children.

Best wishes,
Anne Sellers and Eric Eversmann
Letter from CRS/Vietnam Country Representative

Dear friends and colleagues,

CRS/Vietnam is pleased to present this How-to Guide on Inclusive Education for Children with Disabilities. People with disabilities are present everywhere that CRS works, and no issue is of greater concern for them than equal access to quality education.

CRS worked in Vietnam during the “American War,” then returned in 1992 and opened an office in Hanoi. We now support education, rural development, emergency relief, and HIV-AIDS care in 10 provinces in all three regions of the country. Inclusive education has been a priority area for our program for more than a decade, with strong support from the US Agency for International Development via the Leahy War Victims Fund and Displaced Children and Orphans Fund. It is a privilege for CRS to be present in Vietnam during a period of peace, reconciliation, and ever improving relations between the American and Vietnamese peoples.

Vietnam is a strongly community- and relationship-oriented society, and CRS’s programs have benefited from partnerships with local authorities and the education system. One of the key lessons from our work on inclusive education has been the critical role that parents and other community leaders play in fostering education for all children. Creating a barrier-free or least restrictive environment for people with disabilities is more than a question of physical access: as the stories told in this How-to Guide show, societal attitudes are often the largest barrier to full inclusion. The good news is that each society, including Vietnam’s, also contains values and practices that support human dignity for all.

As inclusive education becomes an expanding worldwide movement, we look forward to opportunities to increase CRS involvement in this important area. We hope that this guide spurs other CRS country programs with similar interests to share your experiences and engage in a mutual dialogue on best practices.

Sincerely,

Gregory Auberry
At least one out of ten people in the world has a disability, according to estimates by the World Health Organization.

Introduction

At least one out of ten people in the world has a disability, according to estimates by the World Health Organization. These include people with hearing, vision, language, mobility and learning impairments. People may be born with a disability or acquire one during their life. People living in poverty are particularly susceptible to becoming disabled through dangerous labor practices, malnutrition, poor natal healthcare, and untreated diseases. Having a disability can often present numerous challenges to leading a full and productive life. People with disabilities are often unable to access health services, employment and education, due to obstacles in their environmental and the attitudes of other people.

Children with disabilities in poor and developing countries face particular difficulties, linked to poverty and social barriers. In many traditional cultures, a child with a disability is seen as a bad omen, bad luck, or a result of poor lineage. Some children with disabilities are hidden from the community and kept out of school. Those who do attend school – often the ones with less severe disabilities – may face embarrassment, discrimination and misunderstanding.

Every child has the right to an education. Unfortunately, in the past many people assumed that the best place for children with disabilities was in a special school or classroom, separated from their ‘normal’ peers. Today, however, international experts and people with disabilities themselves are united in the belief that inclusive education in the child’s local community school, together with their non-disabled peers, offers the best opportunity for social integration and self-sufficiency. Inclusive education models are particularly well suited for developing countries that cannot afford duplication or separation of essential educational services.

This guide is based on the experience of the CRS/Vietnam Inclusive Education program and offers practical suggestions for including children with disabilities in any and all types of education programming. Children with disabilities already live in the communities that CRS serves worldwide, and they are among the most likely in any community to be out of school. It is up to CRS and our partners to improve their access to school and help them receive the support and care that they need. Achieving education for all also requires that communities work together to better understand the needs and abilities of people with disabilities, removing barriers in the environment and in prevailing social attitudes.
**GLOSSARY**

**Impairment**: A physical limitation, such as hearing, sight, intellectual ability, mobility or language.

**Disability**: A limitation to social functioning resulting from an impairment plus social or environmental barriers.

**Inclusive Education (IE)**: Education of children with disabilities within the general education system.

**Special Education**: Education of children with disabilities outside of the general education setting, either in the form of a “pull-out” program or an entirely separate school.

**Community Based Rehabilitation (CBR)**: A strategy for equitable development of people with disabilities through their own efforts, their families and communities, and locally available health and social services.

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1. **What is Inclusive Education?**

In its broad sense, inclusive education is the principle and practice of educating all children within a common general education setting. Inclusive education especially targets those children traditionally excluded from general education for reasons of gender, geographic remoteness, ethnicity, poverty, and disability. The principle of inclusion promotes the idea that in order to receive a quality education that is equal and accessible, children must be educated to the best of a community’s ability in a general education classroom. Inclusive education is moreover a method of creating communities, schools, and societies free of discrimination.

Inclusive education for children with disabilities, the subject of this guide, is best understood as a subset of the broader definition of inclusion as education for all. Children with disabilities are one of the most prominent groups traditionally excluded from education. Any plan for education for all must be especially in tune with the needs and abilities of children with disabilities, and fully involve them in education systems. Because inclusive education by nature includes the participation of all children and focuses specifically on the inclusion of marginalized children, it is the best way to ensure education for all children.
1.1 Education as a Human Right: The International Context

There is now a rich international context that assures the right of all children to a quality education, including those with disabilities. Education was affirmed as a human right at the 1990 World Conference on Education for All in Jomtien, Thailand. The World Conference on Special Needs Education in Salamanca, Spain (June 1994) supported this right, with an emphasis placed on special needs education. The statement drafted and agreed upon at this time by those members in attendance and supported by the United Nations Educational, Scientific, and Cultural Organization (UNESCO) declared:

"Special needs education—an issue of equal concern to countries of the North and of the South—cannot advance in isolation."

Most recently, the 2000 Dakar Framework for Action concluded that any program for Education for All “must take account of the need of the poor and the most disadvantaged, including … those with special learning needs.”

1.2 Assessing Inclusive Education in Developing Countries

The situation of people with disabilities differs greatly from country to country. As a program is developed, a few key activities and questions should be kept in mind:

- Is there a legal or policy framework for people with disabilities in your country? What does it say about the rights of people with disabilities?
- Does your country have a national organization or organizations for people with disabilities?
- What are the main goals and needs of these groups?
- How can you work together with them?
- If your country does not have a national level organization, what supports systems exist for people with disabilities both locally and nationally?
- What types of disabilities are most prevalent?
- Does disability unevenly affect certain groups in your country or region (ex. ethnic minorities, people living in a certain topography or region, young or older people)?
- What are community attitudes toward people with disabilities? Are they different for different types of disability?

There are a number of ways to approach education of children with disabilities, including inclusive education, special schools, special programs and classes within regular schools, home schooling, and institutionalization. Inclusive education for children with disabilities began in wealthier countries, but it is perhaps an even better model for developing countries since the costs for individuals, communities, and countries are lower in terms of resources, space, and human effort. Specific questions to think about with regard to education are:

- Does the education system in your country have any formal policies or guidelines relating to education for children with disabilities?
- What is currently the preferred way of educating children with disabilities?
- How do schools and communities deal in reality with education for children with disabilities?

For example, many provinces in Vietnam have at least one center for the care of disabled children. While these centers do offer care and hope for families, they are often located in provincial centers, far from the homes of children with disabilities and their families. These centers encourage children to study in general education environments whenever possible, but sometimes teachers and administrators do not allow these children to attend school, or the families do not think the children are capable of attending school. Many disabled children neither attend any type of school nor receive care outside of their family. General education classrooms are generally closer to the home, cost less money, have a larger and better trained staff, and put children into the community instead of keeping them isolated with only other children with disabilities. Furthermore, inclusive education has the potential to
reach a large number of people in developing countries who may otherwise be left out the education system.

1.3 How Can Inclusive Education Benefit Everyone?

Families of children with disabilities often view their children as a burden. Caring for a child with disabilities can be a 24-hour a day job and potentially limits a family’s opportunities both inside and out of the household. While special schools for disabled children are expensive both for the community and the family and are not usually located in easily accessible areas, general education schools are cheaper and located near the child’s home. This is particularly the case with primary schools, which are generally easily accessible to the community they serve.

*Children who attend school show improvement in physical, emotional, and social abilities, making them better able to care for themselves and participate in regular family activities such as work or celebrations.*

An important part of many cultures, especially in poor and rural areas, is strong support systems of neighbors, extended families, and schools. Families of children with disabilities may either voluntarily remove themselves from this network because of embarrassment and shame, or be involuntarily excluded by the community. Inclusive education brings the child into the community through daily interactions with other students, students’ families, and teachers. In this way, families of children with disabilities are able to meet each other and other families, and benefit from the support of their neighbors.
Communities benefit from inclusion by gaining a knowledge and understanding of disability. Even the introduction of one child with a disability into the daily life of the community breaks down barriers and prejudices. Communities with inclusive education programs become more open minded, creating a more favorable environment for people with disabilities in the future. People within a community also benefit personally from the addition of disabled children into their lives through personal interaction and friendship.

Schools also benefit in a number of ways from inclusive education programs. Inclusive education introduces concepts of individualized education and diversified methods of teaching, such as games, songs, drawing, and participatory activities, as opposed to lecture and rote memorization. The methods used to teach children with special needs greatly benefit the education of all children. Furthermore, teachers participating in inclusive education programs often receive additional training, including exposure overseas. All children benefit from better educated teachers.

2. Who are Children with Disabilities in Your community?

2.1 Identifying Children with Disabilities

Definitions of disability vary a great deal from country to country as well as between groups within each country. A simple and widely understood definition of disability is a physical, mental, or psychological condition that limits a person’s activities. Disability affects children and adults across social, ethnic, economic, and geographic boundaries. Disability can be caused by a number of factors including malnutrition, lack of or poor pre-natal and post-natal health care, increased vulnerability to accidents caused by risky work environments, interaction with unexploded ordnance and landmines, or the lack of early detection of illness and abnormalities. All of these causes are prominent in poorer countries.

2.2 Identification in Developing Countries

Identifying children with disabilities in developing country settings can be a challenge. Parents of children with disabilities may be reluctant to come forward out of shame or fear of discrimination. Knowledge about disability may be limited or nonexistent, and local languages might lack appropriate terms for discussing problems and solutions with families. Some countries and regions already have sophisticated identification systems for people with disabilities, while others have almost no information.
In countries or communities with no systems for identifying children with disabilities, CRS and its partners will need to train surveyors to conduct a survey. Surveyors must make painstaking efforts to identify children with disabilities, visiting each home in a region and developing questionnaires that participants can understand. Information gained in these surveys should be shared with local and national governments (provided proper privacy controls are in place) in order to form databases.

The use of well-trained local surveyors is important because of the intricacies and sensitivities of disability. Local surveyors know best about their communities, thus reducing the risk of missing children with disabilities during the survey. Surveyors must be able to use simple language to communicate the main ideas of the survey. Furthermore, surveyors should be trained in advance to ensure quality and standardization of definitions and methodologies.

2.3 Developing a Survey

The International Classification of Functioning, Disability, and Health (ICF framework) is a useful tool for conducting a survey of disabled children in your country or region. It was created by the World Health Organization in 1980 and updated in 2003 as a uniform international reference guide for health and disability identification. The ICF evaluates each person’s functioning in areas related to everyday activities. The ICF framework is comprised of three main parts as follows:

- **Part 1a: Impairment of Body Functions**: This section addresses limitations related to physiological disabilities that may not be visibly detectable such as mental functions; sensory functions and pain; voice and speech functions; functions of the cardiovascular, hematological, immunological, and respiratory systems (heart, breathing, etc.); reproductive functions; skin; muscular functions; and other body functions.

- **Part 1b: Impairments of Body Structures**: This section surveys the respondent about impairments in the actual structure of the body that may or may not be easily observable. The questions are grouped by body region, such as spinal chord and neurological functions; neck and shoulder area; structures related to digestive and metabolic systems; structure related to movement; and other body structure impairment.

- **Part 2: Activity Limitations and Participation Restriction**: This section aims to determine how the impairments of parts 1a and 1b affect the actual ability of a person to participate in daily activities such as learning, reading, communicating, and movement, and community participation. Ability to participate in informal education, school education, and higher education (university) is listed under the larger category of “major life activities”.

The full ICF framework can be downloaded and viewed on PDF at: (http://www3.who.int/icf/icftemplate.cfm?myurl=homepage.html&mytitle=Home%20Page)
While the ICF ranks limitations to attending school, the survey is not extensive enough to gain a full understanding of the actual educational situation of children with disabilities. Therefore, survey developers should develop a separate set of questions that specifically inform the program about the educational situation of children with disabilities. This is because a child who can physically go to school, thus ranked with a high level of activity participation, may still in fact be prevented from attending school because of embarrassment of the family or prejudices of school staff or administrators. Since the ICF framework does not cover inclusion in education, survey developers should create a series of questions to determine the level of education of each child individually and also to gain a clear picture of education of children with disabilities throughout the area.

2.4 CRS/Vietnam’s Identification Process:

- The first step in identifying children with disabilities was a house-to-house survey to determine where children are living and their level of functioning. For each district of approximately 100,000 inhabitants, CRS trained 200 local surveyors. A full record was made of all children with disabilities.

- Next, surveyors organized screening examinations. Doctors evaluated each child’s level of disability and made recommendations on what adjustments and interventions would be needed for the child to learn in an inclusive class. These adjustments were summarized into changes in teaching methods, changes in teaching content, or a combination of the two.

- Doctors also determined if medical intervention was needed for the child and, if so, what type (for example: eyeglasses, an operation, wheelchair, rehabilitation, hearing aids, etc.)

- CRS also used the survey to encourage early identification of disabilities for young children. Parents, educators, and community members are taught to recognize signs that a child may have a disability and encouraged to seek medical help as early as possible.
Good Practices Checklist

✔ Surveyors are local and/or have a close understanding of the people, culture, and geography of the project area (this both reduces the risk of missing children with disabilities who may be hidden in communities as well as reducing the possibility of being offensive or alienating.)

✔ Training of surveyors is standardized according to national standards of disability surveys if they exist, and to CRS project identification standards if national standards do not exist.

✔ Surveyors visit each household in project locations that do not have detailed information on children with disabilities.

✔ A relationship of sharing is established with national and local disability groups in order to establish databases and nation-wide quality information.

✔ The ICF framework is followed closely, but survey developers are able to modify it according to the specifics of their country and the needs of their IE project. For example, a common question to assess mobility limitations is “Do you have difficulty climbing steps?” In a community where the majority of homes are one story, however, a better evaluative question might be “Do you have difficulty walking over uneven terrain for long distances?”

✔ Questions about environment are tailored to the country/community. A person’s environment has a large influence on his or her abilities in different areas of functioning. This includes the natural environment (climate, terrain), attitudinal environment (level of discrimination and acceptance).
3. Building an Inclusive Education Program

3.1 Components of a Successful Inclusive Education Project

An inclusive education program generally consists of a combination of core activities including teacher training, community and family awareness raising, classroom activities meant to develop the abilities of all students together, and Individual Education Plans developed for each child. The goals of these activities are to provide a good education for every child in a “barrier-free environment”—that is, free from both physical and attitudinal barriers (such as discrimination). These principles apply to every type and severity of disability.

**Identifying stakeholders:** Key stakeholders in an inclusive education program include teachers, parents of children with disabilities, school administrators, and of course children themselves. Some stakeholders may not be as obvious. Local and national government representatives and parents of children without disabilities should all be involved as well.

**Teacher training:** Well-trained teachers are essential to a successful inclusive education program. Teachers must be trained to educate children in every category of disability at varying degrees of severity. In addition to teaching methodology specifically for children with disabilities, teachers must also have knowledge of integration, acceptance, and inclusion activities to ensure that every child is participating to his or her fullest ability in the context of a general education setting.

**Development of materials:** In many countries there do not yet exist materials in the local language either about inclusive education, education of children with disabilities, or materials to be used in an inclusive classroom. In these situations, necessary materials should be developed in clear and easy to understand language that is sensitive to the local context. Key messages for these materials should include early identification, creation of barrier-free environments, community based rehabilitation/support, and good teaching practices.

“The goal is... a barrier-free environment... free from both physical and attitudinal barriers...”
Support can be gained from the family and community through awareness-raising activities.

Community and family awareness: One of the goals of inclusive education is to increase the integration and acceptance of children with disabilities both inside and outside school. In order for a student to reach his or her full potential, that student must have the support of family, community, and friends. These support systems are particularly important in the case of a child with a disability who is reliant on others to provide different types of assistance. Support can be gained from the family and community through awareness-raising activities. Children with disabilities themselves can play a key role in mobilizing the community to be more closely involved in their lives and educations.

Inside the classroom: Classroom activities should reflect the needs and abilities of all children separately and as a group. The primary goal is to ensure that all children are learning to the best of their ability. For classes with disabled children, this entails tailoring classroom activities to meet the needs of disabled children by using alternative teaching methods such as art projects and games that can help students who learn differently. Children with disabilities should participate in every class activity to the best of their ability, and should have a group of peers to assist them with class work. Although children with disabilities benefit in different ways depending on the type and severity of their impairment, there are some uniform steps to education and inclusion for all children. For example, in a classroom, children with disabilities should sit in the front of the class, but in a row and at a desk with other children. Perhaps one of the most difficult and important skills for a teacher to master is to find a balance of treating a children with disabilities the same as other children, while
still making sure that their special needs are met. This can be accomplished by only intervening in aspects of the child’s education that are affected by their disability, and working with the child before and after class. The goal of inclusive education is for every child to learn together. Teachers should develop and follow an Individualized Education Plan. Testing and evaluation methods should be flexible and adapted to children’s special needs.

**Individual Education Plans (IEPs)**

The IEP is a learning and teaching tool that is useful not only for students with special needs, but for all students. To create an IEP, the student, teacher, parents and any other relevant people sit down together to discuss their goals and strategies for the school year. For children with disabilities, the IEP should include information on how the child’s disability-caused needs will be met in order to participate in general education. Everyone involved in writing the IEP should meet regularly to review progress. The introduction of IEPs is a good example of how training teachers for inclusive education helps all children learn better.

**An Individual Education Plan can be written or verbally agreed, and should include:**

- a statement of measurable annual goals
- a strategy for the child to participate in the general curriculum
- a strategy to meet all other educational needs of the child
- a statement of the child’s progress
- guidelines on how parents will be involved
- a plan for how parents will be informed of progress (report cards, etc.)
- updates on the progress achieved throughout the year

(Adapted from Richard Villa’s “Developing IEP in Viet Nam”, briefing paper for CRS/Vietnam, 1999.)
3.2 How Does CRS/Vietnam Implement Inclusive Education?

Identifying stakeholders: In addition to those stakeholders discussed above, CRS/ Vietnam cooperates with national and local education policy makers. This has been a particularly successful aspect of the program as it has grown over the past decade.

Training educators: CRS and local partners offer training courses for preschool, primary, and secondary school teachers; Teacher Training College (TTC) staff; community members; and administrators from the national and local education and training departments. Training courses have included short study tours within Vietnam and abroad. Teachers have been supported to enroll in master’s degree courses in special education at the Hanoi Pedagogical University, and a small number of experts have been sent abroad for graduate study.

Materials development: CRS has published a series of books, booklets, and other forms of educational materials about disability identification, classroom activities, IEP, and specific types of disability. Materials have been consolidated into 10 units, five for preschool teachers and five for primary school teachers. CRS has also helped to develop university programs in special education for TTCs in Vietnam.

Family and community participation: Community and family involvement has been a critical part of CRS/Vietnam’s Inclusive Education program. A variety of activities contribute to community integration. One such activity is the “circle of friends”. In the community, support groups of local leaders, teachers, and parents have been established in project areas. Participatory workshops and community events bring together relevant stakeholders including parents, teachers, and local administrators to share information, ideas, successes, and challenges of including children with disabilities into the classroom and the community. Parents and caretakers are encouraged to take an active role in their child’s education, the extent of which can be outlined in the Individual Education Plan.
Circle of Friends

One of the most successful aspects of CRS/Vietnam’s Inclusive Education program, and a method that should be used in all inclusive education programs, is the use of resources within the community. To help support children with disabilities in their education and integration into the community, CRS started the Circle of Friends. Circle of Friends is a peer group that is formed of students who study well and live close to the disabled child. They volunteer to help with assignments inside as well as outside of the classroom. By working together, the Circle of Friends helps a child with disabilities succeed in school and breaks down psychological barriers to their full participation in the community.

Inclusive education should be seen as a way to guide and develop teachers, schools, and communities as opposed to only using outside resources, so that “knowledge and skills for the basic training of people with disabilities are transferred directly to people with disabilities themselves, to their families, and the community members”*

3.3 Sustainability

Inclusive education of children with disabilities is not a one-time activity. One way of promoting the longevity and expansion of inclusive education is through policy. Inclusive education programs should work, where possible, to make inclusion part of a country’s national education strategy. A board or steering committee may be established as a permanent management group for inclusive education at local or national levels. With the support of local and national governments, inclusive education projects can be scaled up nationwide.

3.4 Policy Advocacy in Vietnam: An Example of Creating a Sustainable Inclusive Education Program

CRS has close relationships with Vietnam’s Ministry of Education and Training (MoET) and the National Institute for Education Strategy and Curriculum (NIESAC). CRS has educated government officials alongside teachers about disability and inclusive education, resulting in the training of well-educated staff within the national government who act as leaders in policy development and national implementation of inclusive education. With the involvement of MoET, CRS has developed specific guidelines and regulations for inclusive education through the organization of national-level seminars and workshops. In addition, the Vietnamese government has passed legislation which promotes Community Based Rehabilitation, which places the responsibility of caring for people with disabilities in the hands of the entire community.

3.5 Lessons Learned

Over the past decade of supporting inclusive education in Vietnam, CRS has learned a number of important lessons with regard to project implementation.

- The classroom needs to develop in tandem with the outside environment to include children with disabilities in all aspects of life.
- Inclusive education has long-term goals not only of educating a large number of people traditionally left out of the education system, but also of changing attitudes and policies towards people with disabilities.
- Establishing cooperation and sharing with national and local partners is necessary, and sharing between project and non-project areas should be encouraged.
- Training of teachers should be monitored by follow-up evaluations to ensure that teachers are applying what they have learned in the classroom.
- Training materials require regular evaluation to ensure suitability and continued use.
Indicators of a Successful Program

The goals of inclusive education extend beyond project sites, and indicators for a successful program should reflect this. In addition to statistical data verifying an increase in children with disabilities attending school, other indicators can be tested through Knowledge, Attitudes, and Practices (KAP) surveys distributed to all stakeholders at the completion of the project. Indicators include the accomplishment of the following:

✔ Teachers in targeted schools and in teacher training colleges use the knowledge they have gained in the classroom

✔ Lesson plans developed for disabled children in general education classrooms are implemented

✔ Parents’ knowledge has increased about how to care for their children and encourage them to learn

✔ Community knowledge and awareness of people with disabilities has increased

✔ Children with disabilities are accepted by their teachers and school administrators, families, classmates, and communities

✔ The number of children with disabilities attending general education schools has increased

✔ Involvement of children with disabilities and their families in community activities has increased

✔ There are more opportunities for children with disabilities and their families to participate in livelihood generation, education, and administration

✔ Changes in policy that promote inclusive education have taken place

✔ Publication, distribution, and use of materials developed for educators and administrators

✔ Establishment of boards of practitioners, families, community members, children and adults with disabilities, and national and local government administrators to guide inclusive education
4. Benefits of Inclusive Education for Children with Disabilities

4.1 Benefits for Every Child with a Disability

Children with disabilities are the direct beneficiaries of an inclusive education program. They benefit by being provided with a quality education that suits their needs and abilities. Children with disabilities furthermore benefit from the increased acceptance they feel in their classes, communities, and households. The skills children learn in the classroom can be used in every day life. After participating in inclusive education, children are often more active in household activities, community activities, and have more friends. Opportunities for educated children with disabilities post-school are greatly increased by having obtained an inclusive education, preparing a child for work or a higher education degree.

4.2 Specific Recommendations

Hearing impaired. Children who have hearing impairments vary greatly by ability to hear, speak, understand, and use spoken language to communicate. A child who is completely deaf, with no ability to speak and who cannot be helped by a hearing aid needs a different educational program than a child with a hearing impairment that limits but does not prevent speech, and that can be partially or fully alleviated by a hearing aid. A child with a mild hearing impairment should be fitted with a hearing aid, and should be placed in a seat close to the front of the class. For a child who is completely deaf, sign language should be used (see box on opposite page). Each hearing-impaired student should have a peer group of at least 3–4 children who can help them to “hear” the lesson. These may be children who listen to the class and repeat it in close-range and more loudly to the hearing impaired student during or after class, or children who know sign language who can translate the lesson and also help the hearing impaired child interact with other children in the class.
Mobility impaired. Limitations to a child’s mobility may include missing or non-functioning limbs, paralysis, spinal irregularities, and other conditions that limit basic movement. The first step in creating an inclusive environment for mobility impaired children is to create a “barrier-free environment” in the classroom. This may mean changing the architectural structure of the building (widening doors for wheelchairs, widening alleyways, changing stairs to ramps, accessible bathrooms) or simply making additions (removable ramps, handrails). In addition to physical barriers, teachers and students should reduce attitudinal barriers. This can be accomplished by choosing activities (games and sports) that do not exclude children based on their limited mobility. By emphasizing activities that everyone can participate in within the classroom, teachers encourage students to choose similar activities during playtime. Once the classroom is ready for children with mobility impairments, special attention should be paid to ensuring the child’s physical comfort, whether that means letting him or her choose a special seating location or rest during certain activities, can contribute greatly to their ability to learn. Teachers should allow a child extra time to get to and from class, move if he or she needs to, and keep school supplies and any special equipment in an accessible area.

Sign Language

Families often develop their own type of sign language to communicate if they have not been trained in an already practiced sign language. Also, many countries do not have a standardized sign language, or sign languages vary from region to region. If a standardized sign language exists, it should be used in the classroom not only with the hearing impaired child, but with other children and the parents of the child as well. Where no standardized sign language exists one can and should be developed either by the project implementers or country partners and shared on a national level. Standardization of sign language encourages the national adoption of inclusive education and facilitates replicability and teacher training.
Learning impaired. Children with learning impairments study below their age/grade level, or sometimes at or above their level in some areas but below it in others. The severity of a child’s learning disability can vary greatly from a developmental disability such as autism to more common conditions such as attention deficit disorder. As with every type of disability, the first step in inclusive education is identifying accurately the special abilities of children with learning impairment is particularly important. Some learning impaired children have special aptitudes in music, art, or math. Teachers can use these abilities to teach other subjects. An IEP (see pg. 17) works especially well for a child with learning impairment, which sets clear and understandable goals. In addition to an IEP, the teacher should make the goal of each lesson clear. Goals should be established with the participation of the child and understood clearly by both student and teacher.

Vision impaired. The severity and type of vision impairment varies greatly from those that can be fully corrected with glasses to complete blindness, as well as every level in between. Children with progressive blindness that increases over time, children who were born blind, and children who became blind suddenly (i.e., from an accident) all have different learning needs and abilities. Children with limited vision can benefit from such simple changes as being put in the front of a classroom. Furthermore, large print books that contain the same material as regular texts can be developed. For children who are completely blind, the steps become more complicated. One very simple tool is to create a “circle-of-friends” for this child that can help the child to understand materials and complete assignments. However, this can become a burden on other students. If possible, textbooks and other materials should be translated into Braille. As with sign language for the hearing impaired, Braille alphabets are not yet standardized in all languages. Where this is the case, CRS can encourage the development and/or standardization of Braille materials. These resources have value for all visually impaired people in a society, not only for children.
In Vietnam, a MoET specialist has developed a standardized Braille alphabet for use in CRS inclusive education programs and for blind children and adults all over the country.

**Language impaired.** Language impairments include delayed speech, problems with articulation, poor voice quality, and stuttering, ranging in severity from a mild difficulty in understanding to a child who cannot communicate at all. Language impairment does not mean that a child has a learning disability, although difficulty in language can slow down a child’s educational progress if it limits grammar, vocabulary, and communication of needs and concerns. Students with language impairments are one of the most susceptible groups to ridicule and teasing, which can severely limit their ability to practice correct speech on a daily basis. Other students in the classroom should encourage communication and discussion with children who have speech impairments. Children should be encouraged to speak often and out loud, and exercises should be provided to practice at home with a parent or guardian.

**Multiple disabilities.** Children with multiple disabilities, such as those affected by developmental disabilities such as autism, Down syndrome, or cerebral palsy, generally require extensive support and consistent attention. The challenges faced by children with multiple disabilities are often very different from students with a similar impairment. For example, a child who faces difficulties in mobility and learning caused by cerebral palsy will have drastically different needs and abilities than a child with a single language or mobility impairment. Therefore, teachers in an inclusive setting should focus on addressing the major educational needs of each child, but should work especially closely with family, doctors, and rehabilitators to establish overarching goals for the child’s development and to get to know the child well. Individual education plans are especially important for children with multiple disabilities, whose needs and abilities may not fit into models set for more educating individual disabilities.
5. Expansion of Inclusive Education in Vietnam and Beyond

5.1 Next Steps for Inclusive Education in Vietnam

The current phase in CRS/Vietnam’s Inclusive Education program, which began in 2005, aims to broaden and increase documentation of disability and inclusion programs. Having completed successful programs to address the needs of children in preschools and primary schools, CRS is now expanding inclusive education to cover secondary school and vocational training in cooperation with other international and local organizations. The new Inclusion for Vietnamese with Disabilities program, funded by USAID, uses inclusive education as a springboard for full inclusion of children, adolescents, and adults with disabilities and encourages involvement of people with disabilities in all aspects of the project. CRS is also continuing policy advocacy efforts to develop improved national-level disability legislation in Vietnam, particularly relating to education and youth. In the process, CRS hopes to expand and deepen cooperation with policy makers in the sectors of education, health, and labor.

5.2 Recommendations for Other Countries

Inclusive education has become a global movement. Following the conferences and agreements already discussed, UNESCO, UNICEF, and a number of smaller, non-governmental organizations all over the world have increased their efforts to expand access to education to children with disabilities. As a result there are a number of systems now in place to support an inclusive education program. Program developers should work to connect themselves to those people already doing inclusive education within the country, as well as to general education organizations, organizations for people with disabilities, and children.

Programs should always remember to tailor their inclusive education programs to fit the specifics of their communities, while maintaining the fundamentals of inclusive education. Because disability awareness, education systems, infrastructure, government structure, and types of prevalent disabilities vary so greatly from country to country, programs are encouraged to use local resources to accurately assess the existing capacities as well as the needs of each area.
6. CRS/Vietnam Program Description

CRS has been active in Vietnam since 1992, supporting projects in education, HIV/AIDS, agriculture, community participation, emergency services, and most recently inclusion of Vietnamese with disabilities. CRS/Vietnam is active nationwide, with projects in the north, central and southern regions of the country.

CRS/Vietnam’s education program specifically focuses on those children who face exclusion from education, such as children from remote areas, ethnic minorities, and children with disabilities. CRS/Vietnam has created and implemented basic education programs to support education for children in particularly poor areas, unexploded ordnance and mine risk education for children in areas of high risk, and programs to include children with disabilities in general education. CRS/Vietnam’s education program is unique in that it works both from a top-down methodology by working to influence policy at both national and local levels, and from a grassroots level by involving community members in projects both at planning and implementation levels. CRS/Vietnam forms relationships with institutional partners such as government ministries, universities, and national training centers, as well as local partners such as teachers, local administrators, parents, and children.

A “Circle of Friends” helps a child with disabilities go home from school.
CRS has been working to include children with disabilities in their communities since 1992. In 1995, CRS/Vietnam launched the first inclusive education pilot project in two districts. The success of this project led CRS to receive a grant from the United States Agency for International Development (USAID) in 1998 for expansion of the project “Expansion of Community Support for Children with Disabilities”. Funding was extended for the project in 2000, 2002, and again in 2005. Since that time CRS has carried out inclusive education programs in preschool and primary schools in six provinces. At present, CRS coordinates the Inclusion of Vietnamese with Disabilities project with international partners such as World Concern and national and provincial governments. This project strengthens inclusive education and forms linkages with vocational training and employment.

Acknowledgements

CRS/Vietnam wishes to thank the following people for their direct and indirect support for this guide:

- Cindy Gorn, intern, Sarah Lawrence College, who prepared the draft of the How-to Guide
- Dinh Thi Nguyet and Nguyen Le Khanh, CRS/Vietnam Education Program, for editing and coordination of the guide’s development
- Le Cao Thang, CRS/Vietnam, for administrative support
- Le Van Tac and Pham Minh Muc, National Institute for Educational Strategy and Curriculum (Hanoi), for their groundbreaking support of inclusive education in Vietnam
- Richard A. Villa, inclusive education consultant (San Diego, CA), who has connected Vietnam to the world
- Andrew Wells-Dang, CRS/Vietnam Deputy Country Representative and Chief of Party, Inclusion of Vietnamese with Disabilities project
- Eric Eversmann, CRS Education Technical Advisor, for his support of this project and CRS/Vietnam’s work on inclusion generally